

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040672

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 215 Primary Registration District No. 4327 Registrar's No. 13

FILED OCT 29 1963

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Iberia</b>		c. CITY OR TOWN <b>Iberia</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Residence</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>FRANKLIN</b> Last <b>SLOAN</b>			4. DATE OF DEATH Month <b>September</b> Day <b>7</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-27-1880</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Raleigh Products</b>			11. BIRTHPLACE (City and state or country) <b>Miller County, Mo.</b>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Issac A. Sloan</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Jarrett Sloan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Emma Sloan Iberia, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Iberia</b>	COUNTY	STATE
21. I attended the deceased from <b>1960</b> to <b>9/7/63</b> and last saw him alive on <b>9/2/63</b> Death occurred at <b>11:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Wm. A. Gould</b>	22b. ADDRESS <b>Iberia</b>	22c. DATE SIGNED <b>9/9/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-9-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>
23d. LOCATION <b>Miller Co., Mo.</b>		

24. FUNERAL DIRECTOR <b>Scrivner-Stevinson</b>	ADDRESS <b>Iberia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 9, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 <b>Db60</b>		
2 <b>Db61</b>		
3		
4 <b>0</b>		
5 <b>1</b>		
6		
7 <b>0</b>		
8 <b>0</b>		
9 <b>177X</b>		
10		
11		
12 <b>90-2</b>		
13 <b>31</b>		

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Jay A. Stevenson*

Licensed Embalmer No. \_\_\_\_\_

5201

P. O. Address \_\_\_\_\_

*Beria, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.